File with:

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

FOR INSTRUCTIONS. SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) FORM Sixta DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for: 5 (Rev. 12/2009) (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party REPORT (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (For Office Use Only 11) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Logged in ∭ Candidate Name Political Party (if applicable) epublican Computer Office Sought Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. SIGNATURE OF PERSON FILING REPORT I AM FILING A REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate by # / MICHECK IF AMENDMENT TO REPORT DATED / Y\ a u Local Committees, enter Date of Election <u>e</u> જ - /ዕ ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held Osceola STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL.....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)........... Schedule F: Loan Repayments total (Attach Schedule F)..... 0 CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ 97 *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ CONSULTANT BREAKDOWN (Schedule G Attached?) **CANDIDATE COMMITTEES ONLY:** VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM
Koger Sixta for Supervisor		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5/20/10	ID# CK#	unitemized contribution	Friend	\$ 25 °°	
5/20/10	ID#	uniternized Contribution	Friend	25 ° ½	
42/10	ID# CK#	Barb Berkepas	Friend	10000	
69/10	ID# CK#	Al Brueggeman	Friend	100 °C	
49/10	ID# CK#	Albert Brueker	Friend	50 °º	
7/3/10	ID# CK#	E. Hibma	Friend	75 "°	
7/13/10	ID# CK#	Dong weber	Friend	5000	
7/3/10	ID# CK#	Don Schmidt	Friend	1000	
7/3/10	ID# CK#	mark Bremer	friend	10000	
	ID# CK#				
			SUB-TOTAL	1 600	

TOTAL (if last page of this schedule)

Page 1 of 1 (for Schedule A)

SCHEDULE

Reset Form

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, S	SEE BACK OF FORM
---------------------	------------------

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF AMENDING FORM

COMMITTE	E NAME (Must be :	same as on Statement of Organization)	<u> </u>	·
1 ()		. 6		
$\overline{\Gamma}$	ger S	ixta for Superi	li Sor	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#			
7/2/10 6/2/10 2/4/10	CK#	the Press INC.	Campaign ad	\$ 75 00
	ID#			
6/12/10	CK#	the Press INC	Campaign ad	50°°
_	ID#			
1/1/10	CK#	Osceola County Gazetle-tribune	Campaign Ad.	9 11
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
		· -	SUB-TOTAL	\$ 124 11
			TOTAL /# least name of this auto 1	137,11
			TOTAL (if last page of this schedule)	\$ 134.11
THIS BOX API	PLIES TO CANDIDA	ATES' COMMITTEES ONLY:		

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

		1	,
Page	 of		1

FOR	INSTRU	JCTIONS,	SEE	BACK	OF	FORM	,
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\mathbf{u}	FURN	,

COMMITTEE NAME (Must be same as on Statement of Organization)	E (Rev. 06/97)	IN-KIND
Roger Sixta for Supervisor Reset Form		CTHIS BOX IF DING FORM

DATE RECEIVED	NAME AND ADDRESS	RELATIONSHIP TO CANDIDATE	DESCRIPTION OF IN KIND	ESTIMATED FAIR MARKET	√ IF FOR
(MM/DD/YR)	OF CONTRIBUTOR	* (if applicable)	CONTRIBUTION	VALUE	FUND-RAISER CONTRIBUTION
5/28/10	Roger Sixta 1141 tanager Av Ochegedan ta 51354	5e15	Campaign Flyer	739,97	
	,				
			SUB-TOTAL		
			TOTAL (If last	739,97	
			page of this	<u> </u>	
			schedule)	739 97	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of / (for Schedule E)